



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
DIVISION OF FIRE PREVENTION
ELECTRICAL SECTION
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243
Phone (615) 741-7170
Fax (615) 741-1583

**APPLICATION
FOR
ELECTRICAL PERMIT ISSUE AGENT**

Name: _____
(Company/Organization Name if Applicable)

Type of Business/Organization (if applicable) _____

Mail Address: _____

Business Address: (Address where Permits will be issued)

TN Sales Tax Number _____

Federal ID Number _____

Social Security Number _____ (Required if Individual)

The potential issue agent certifies by signing this application that:

- the potential issue agent's place of business is located in Tennessee or a state contiguous to Tennessee in order to provide his or her services to the citizens of the state of Tennessee; and
- the potential issue agent is not a convicted felon; and
- the potential issue agent is not an electrical inspector employed by a federal, state, or local government, or private industry, or an immediate family member of an electrical inspector; and
- the potential issue agent is at least eighteen (18) years of age.

I/We hereby make application to be appointed an Electrical Permit Issue Agent with the State of Tennessee, Department of Commerce and Insurance.

Signature: _____

Date: _____